


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>				<b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> N13489					
<b>1. Corporation Name</b> AMBERWOOD, <del>THE</del> UNIT THREE COMMUNITY ASSOCIATION, INC					
<b>2. Principal Office Address</b> SUMNER, DAVID Suite, Apt. #, etc. 1146 DODD RD City & State WINTER PARK FLORIDA Zip 32792 Country SEMINOLE			<b>3. Mailing Office Address</b> SUMNER DAVID Suite, Apt. #, etc. 1146 DODD RD City & State WINTER PARK FLORIDA Zip 32792 Country SEMINOLE		
			<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 11/20/01		
			<b>5. FEI Number</b> Applied For <input checked="" type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>		
			<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
<b>7. Name and Address of Current Registered Agent</b>					
Name SUMNER, DAVID 100004706171 -- 7					
Street Address (P.O. Box Number is Not Acceptable) 1146 DODD RD -12/05/01--01058-006					
Suite, Apt. #, Etc. ****726.25 **** 26.25					
City WINTER PARK			State FL		Zip Code 32792
<b>8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.</b>					
Signature of Registered Agent David F Sumner Date 11/18/01					
REGISTERED AGENT MUST SIGN					
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
PD	POTTER, RON	1164 DODD RD	WINTER PARK FL 32792		
TVD	SUMNER, DAVID	1146 DODD RD	WINTER PARK FL 32792		
D	BARKER, WALTER	1158 DODD RD	WINTER PARK FL 32792		
D	EVANS, CARL	1152 DODD RD	WINTER PARK FL 32792		
11/20/01					
<b>10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</b>					
SIGNATURE: David F Sumner, DAVID F SUMNER 11/20/01 678-8451					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					